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|                                    |                                                           |                     |                               |                                      |
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| <b>SERIAL NUMBER</b><br>09/803,329 | <b>FILING OR 371(c) DATE</b><br>03/09/2001<br><b>RULE</b> | <b>CLASS</b><br>705 | <b>GROUP ART UNIT</b><br>3623 | <b>ATTORNEY DOCKET NO.</b><br>STA100 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|--------------------------------------|

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 09/646,248 09/14/2000 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 RUSSIAN FEDERATION PCT/RU99/00050 03/18/1998  
 RUSSIAN FEDERATION PCT/RU99/00321 08/09/1998  
 RUSSIAN FEDERATION PCT/RU99/00321 09/09/1998  
 RUSSIAN FEDERATION PCT/RU99/00324 09/09/1998  
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 RUSSIAN FEDERATION PCT/RU99/00413 09/05/1998  
 RUSSIAN FEDERATION PCT/RU99/00412 09/05/1998  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
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|                                                                                                                                                  |                                        |                     |                       |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|-----------------------|-------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                                     | STATE OR COUNTRY<br>RUSSIAN FEDERATION | SHEETS DRAWING<br>1 | TOTAL CLAIMS<br>20/10 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                        |                     |                       |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>                                                |                                        |                     |                       |                         |

**ADDRESS**  
20995

**TITLE**  
Method for varying the packaging on homogenous products and products packaged employing the method

|                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>420 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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